



**Creative Touch
Cosmetology School
Request for Access to the
Student Information System**

General Navigation Training: _____
Admissions Training: _____
Registrar Training: _____

Date: _____

Name: _____

Department: _____

Position/Title: _____

I. Role Requested

- _____ Academic History
- _____ Admissions
- _____ Advisors
- _____ Class Schedule

- _____ Financial Aid
- _____ Faculty Management
- _____ General Reports
- _____ Student Demographic

**II. Are there any other specific forms for which you are requesting view access?
Please list them below.**

**III. Are there any specific forms for which you are requesting update access?
Please list them below. Specify your reason for requesting this access.**

The Office of The Registrar will review this request and contact you. To receive authorized access, all users must be briefed on their responsibilities and sign a confidentiality/accountability statement.

Please Note: Student records are protected under the Family Educational Rights and Privacy Act of 1974, as amended. Students may view their records only with proper identification (School I.D. or driver's license). School officials with legitimate educational interest may view student records only through consent of the Director of Operation/Financial Aid.

Requested by (signature): _____

Date: _____

OPS approval (signature): _____

Date: _____

School Registrar (signature): _____

Date: _____



Creative Touch Cosmetology School

Request for Access to the Eduquette Student Information System

Statement of Confidentiality/Accountability

Before receiving access to school computing systems, you must read and agree to the following statement:

I understand that as part of my duties and responsibilities as an employee of Creative Touch Cosmetology School, I may be given access to one or more administrative computer systems. The information contained in these systems may be of a private and confidential nature and I acknowledge it is my responsibility to maintain the privacy of these records.

Furthermore, I have read the Information security policy and understand all the requirements and guidelines stated therein. I understand I am responsible for NOT sharing any passwords to which I have access with any other individual and I will be held accountable for any invalid use of my user identification. I further acknowledge that my failure to follow these security guidelines will subject me to disciplinary action up to and including dismissal and possible legal action.

User's Signature: _____

Date: _____

User's Name (printed): _____

User's Department (printed): _____

User's Position (printed): _____

CTCS Approval: _____

Date: _____



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**AGREEMENT BY EMPLOYEE TO MAINTAIN CONFIDENTIALITY AND
PRIVACY OF RECORDS PERTAINING TO STUDENTS, FACULTY,
STAFF AND UNIVERSITY**

I, _____(print name), understand that in my capacity as an employee at Creative Touch Cosmetology School (CTCS), I may have access to confidential and private records of students, faculty and staff and/or pertaining to the School. I understand that, under federal law and school policy, student records are protected from disclosure to third parties unless pursuant to narrow exceptions and that other confidential records must not be disclosed.

I agree to maintain the confidentiality and privacy of all such records during and after my period(s) of employment at CTCS. I shall not, directly or indirectly, communicate to any person other than my supervisor, or an individual approved by my supervisor, any information concerning such records. I understand that any such disclosure may be grounds for termination, prohibition of future employment and/or dismissal from CTCS.

Employee Name (printed): _____

Employee Signature: _____

Date: _____

Please provide a copy to the employee and maintain original in the department's files.